# PC-W

# STATE OF ALABAMA DEPARTMENT OF INSURANCE

QUARTERLY PREMIUM TAX STATEMENT - NON - PROFIT HOSPITALIZATION

Quarterly Period Ending March 31, \_\_\_\_\_

(Due no later than May15, \_\_\_\_\_

### **INSTRUCTIONS**

<u>PENALTIES</u> – Any Company failing to file its Premium Tax Return (even when no tax is due) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

#### RETURNS POST MARKED BY THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () Make checks payable to the: Alabama Department of Insurance. WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.
- () Mail this RETURN and a CHECK to the address below:

#### POSTAL SERVICE

## **COURIER OR EXPRESS SERVICE**

Alabama Department of Insurance c/o Compass Bank P.O. Box 830691 Birmingham, AL 35283-0691 Alabama Department of Insurance c/o Compass Bank 701 South 32<sup>nd</sup> Street Birmingham, AL 35233

NAIC No.	(Name of Company)
Preparer's Signature	Name and Title (Print)
1. PREMIUM TAX PAIL 2. Check No.:	PLEASE FILL-IN D: (reverse side, line 9) PC:  \$
STATE OF	COUNTY OF
<del></del>	
	attesting officer(Name)
Personally appeared before the undersigned	

# NON – PROFIT HOSPITALIZATION

Quarterly Period Ending March 31, \_\_\_\_\_

(Due no later than May 15,	)

NAIC#		

TAXABLE PREMIU	MS		
ACTUAL:	THIS QUARTE	R TAX RATE	TAX
3. Health: a)Groups less than 50 participants b)Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance		X .5% =\$	
		X 1.6% =\$	
. GROSS PREMIUM TAX DUE -	ACTUAL BASIS	\$	
TAXABLE PREMIUN	AS.		
ESTIMATED:		YEAR TAX RATE	TAX_
6. Health:	ø	N 250/ N 50/ - 0	
a)Groups less than 50 participants b)Other Health, excluding insurance		X 25% X .5% = \$	
supplementary to Medicaid or Medicare & employer sponsored, governmental spons	sored		
group insurance		X 25% X 1.6% =\$	
6. GROSS TAX DUE - ESTIMATEI	O BAS	\$	
7. 25% of deductible expenses paid or esti	mated to be paid		\$
8. LESS: Prior Year Overpayment		\$	
9. NET PREMIUM TAX DUE (line 4 or Line 6 minus lines 7 and 8)		\$	
Report the Amount Pai	d, Check Number, and Date of	of Check in the follow	ving schedule.
FAXES PAID: 1 <sup>st</sup> Quarter \$	Check No.	Date paid	I
2 <sup>nd</sup> Quarter \$	Check No.	Date paid	d
	Check No		d